DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MR. NAVIN KUMAR	IPD No.	:	
Age	:	39 Yrs 7 Mth	UHID	T:	APH000021762
Gender	:	MALE	Bill No.	:	APHHC240000539
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	22-03-2024 09:58:17
Ward	:		Room No.	:	
			Print Date	:	23-03-2024 15:18:02

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

.....End of Report......

Prepare By. MD.SERAJ

DR. MUHAMMAD SERAJ, MD Radiodiagnosis, FRCR (London) BCMR/46075 CONSULTANT

Note: The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report: ULTRASOUND

Patient Name	:	MR. NAVIN KUMAR	IPD No.	:	
Age	:	39 Yrs 7 Mth	UHID	:	APH000021762
Gender	:	MALE	Bill No.	:	APHHC240000539
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	22-03-2024 09:58:17
Ward	:		Room No.	:	
			Print Date	:	22-03-2024 14:38:49

WHOLE ABDOMEN

Both the hepatic lobes are normal in size and show grade II fatty infiltration (Liver measures 13.88 cm)

No focal lesion seen. Intrahepatic biliary radicals are not dilated.

Portal vein is normal in calibre.

Gall bladder is well distended. Wall thickness is normal. No calculus seen.

CBD is normal in calibre.

Pancreas is normal in size and echotexture.

Spleen is normal in size (10.3 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.5 cm), Left kidney (10.5 cm). Cortico-medullary distinction is maintained.

Non obstructive calculus of size ~ 4.3 mm seen in left kidney near interpolar region.

Anechoic cortical cyst of size \sim 2.3 x 2.2 cm seen in right kidney at lower pole having focal coarse calcification in wall. (Suggested CT Urography)

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 16.7 cc), outline and echotexture.

No free fluid or collection seen. No basal pleural effusion seen.

No significant lymphadenopathy seen.

No dilated bowel loop seen.

	End of Report
Please correlate clinically.	

Prepare By.

MD.SERAJ

DR. MUHAMMAD SERAJ, MD

Radiodiagnosis,FRCR (London)

BCMR/46075

CONSULTANT

Note: The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

Bill No.	F	APHHC240000539	Bill Date	:	22-03-2024 09:58	
Patient Name	F	MR. NAVIN KUMAR	UHID		APH000021762	
Age / Gender	F	39 Yrs 7 Mth / MALE	Patient Type	[·	OPD	If PHC :
Ref. Consultant	1	MEDIWHEEL	Ward / Bed		1	
Sample ID	1	APH24010717	Current Ward / Bed		1	
	:		Receiving Date & Time	:	22-03-2024 11:40	
	Г		Reporting Date & Time		23-03-2024 03:01	

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: EDTA Whole Blood				

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

BLOOD GROUP (ABO)	"O"
RH TYPE	POSITIVE

** End of Report **

IMPORTANT INSTRUCTIONS CL - Critical Low, CH - Critical High, H - High, L - Low

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000539	Bill Date	Г	22-03-2024 09:58
Patient Name	:	MR. NAVIN KUMAR	UHID	Г	APH000021762
Age / Gender		39 Yrs 7 Mth / MALE	Patient Type	Г	OPD If PHC :
Ref. Consultant		MEDIWHEEL	Ward / Bed	Г	1
Sample ID	:	APH24010716	Current Ward / Bed	F	1
	:		Receiving Date & Time	F	22-03-2024 11:40
	П		Reporting Date & Time	Γ	22-03-2024 15:58

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: EDTA Whole Blood				

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.5	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		5.2	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		14.2	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		45.7	%	40 - 50
MEAN CORPUSCULAR VOLUME		87.5	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.2	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	L	31.1	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		160	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		45.9	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	14.6	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		46	%	40 - 80
LYMPHOCYTES		38	%	20 - 40
MONOCYTES		10	%	2 - 10
EOSINOPHILS	Н	6	%	1 - 5
BASOPHILS		0	%	0 - 1
			T	
ESR (Westergren)	Н	32	mm 1st hr	0 - 10

** End of Report **

IMPORTANT INSTRUCTIONS
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DR. ASHISH RANJAN SINGH

MBBS,MD CONSULTANT

Page 1 of 1

Bill No.	:	APHHC240000539	Bill Date	T	22-03-2024 09:58
Patient Name	:	MR. NAVIN KUMAR	UHID	Г	APH000021762
Age / Gender	:	39 Yrs 7 Mth / MALE	Patient Type	Г	OPD If PHC :
Ref. Consultant		MEDIWHEEL	Ward / Bed	Г	1
Sample ID	:	APH24010814	Current Ward / Bed	1	1
	:		Receiving Date & Time	1	22-03-2024 13:05
	П		Reporting Date & Time		22-03-2024 23:48

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: Urine				

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY	25 mL			
COLOUR	Pale yellow		Pale Yellow	
TURBIDITY	Clear			

CHEMICAL EXAMINATION

PH (Double pH indicator method)	6.0	5.0 - 8.5
PROTEINS (Protein-error-of-indicators)	Negative	Negative
SUGAR (GOD POD Method)	Negative	Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	1.020	1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES		1-2	/HPF	0 - 5				
RBC's		Nil						
EPITHELIAL CELLS	0-1							
CASTS		Nil						
CRYSTALS		Nil						
LIDINE CUCAD NECATIVE								

ORINE SOGAR	

** End of Report **

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Bill No.	:	APHHC240000539	Bill Date	1:	22-03-2024 09:58		
Patient Name	Г	MR. NAVIN KUMAR	UHID	T	APH000021762		
Age / Gender	Г	39 Yrs 7 Mth / MALE	Patient Type	T	OPD	If PHC	
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed		1		
Sample ID		APH24010720	Current Ward / Bed	1	1		
	F		Receiving Date & Time	1	22-03-2024 11:40		
	Т		Reporting Date & Time	1	22-03-2024 23:42		

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: Serum				

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.96	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	L	0.81	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		3.49	mIU/L	0.27-4.20

** End of Report **

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Bill No.	F	APHHC240000539	Bill Date	:	22-03-2024 09:58		
Patient Name	Г	MR. NAVIN KUMAR	UHID		APH000021762		
Age / Gender	Г	39 Yrs 7 Mth / MALE	Patient Type	[·	OPD	If PHC :	
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed		1		
Sample ID		APH24010719	Current Ward / Bed		1		
	F		Receiving Date & Time	:	22-03-2024 11:40		
	Т		Reporting Date & Time		22-03-2024 17:23		

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference
				Interval
Sample Type: FDTA Whole Blood, Serum	-	•		

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

BLOOD UREA Urease-GLDH,Kinetic		18	mg/dL	15 - 45
BUN (CALCULATED)		8.4	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe's Kinetic)	L	0.7	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		94.0	mg/dL	70 - 100

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL. (As per American Diabetes Association recommendation)

LIPID PROFILE

CHOLESTROL-TOTAL (CHO-POD)	Н	218	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition		42	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	Н	156	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		130	mg/dL	0 - 160
NON-HDL CHOLESTROL	Н	176.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.2		1/2Average Risk < 3.3 Average Risk 3.3-4.4 2 Times Average Risk 4.5-7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		3.7		1/2Average Risk < 1.0 Average Risk 1.0-3.6 2 Times Average Risk 3.7-6.3 3 Times Average Risk 6.4-8.0
CHOLESTROL-VLDL		26	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
 There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
 Major risk factors which adversely affect the lipid levels are:
- - 1. Cigarette smoking.
 - 2. Hypertension.
 - 3. Family history of premature coronary heart disease.
 - 4. Pre-existing coronary heart disease.

LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPD)	Н	1.11	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.17	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	Н	0.94	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		6.8	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.0	g/dL	
S.GLOBULIN		2.8	g/dL	2.8-3.8
A/G RATIO	L	1.43		1.5 - 2.5

Bill No.		APHHC240000539 MR. NAVIN KUMAR		Bill Date UHID			22-03-2024 09:58 APH000021762			
Patient Name	1									
Age / Gender	1	9 Yrs 7 Mth / MALE			Patient Type			OPD	If PHC :	
Ref. Consultant	1	IEDIWHEEL			Ward / Bed			1		
Sample ID : APH24010719					Current Ward / Bed			1		
	1:				Receiving Date & Tim	1e	F	22-03-2024 11:4	.0	
					Reporting Date & Tim	1e	⋷	22-03-2024 17:2	3	
ALKALINE PHOSPHATASE IFCC AMP BUFFER			11	3.2 IU/L		53 - 1	53 - 128			
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		Н	65.1		IU/L		10 - 4	10 - 42		
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		Н	80.6		IU/L		10 - 4	10 - 40		
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)			27.7		IU/L		11 - 5	11 - 50		
LACTATE DEHYDROGENASE (IFCC; L-P)			194.2		IU/L		0 - 2	0 - 248		
S.PROTEIN-TO)TA	A (Rivret)		6.8		g/dL		6 - 8	.1	
S.I KOTLIN TO	- 11	(Dialet)	1			<u> </u>		1		
URIC ACID Urio	ase -	Trinder		5.2		mg/c	ΊL	2.6 -	7.2	

** End of Report **

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Bill No.	T	APHHC240000539	Bill	Date	1:	22-03-2024 09:58		
Patient Name	F	MR. NAVIN KUMAR	UHI)	1	APH000021762		
Age / Gender	F	39 Yrs 7 Mth / MALE	Patie	ent Type	1	OPD	If PHC	1:
Ref. Consultant		MEDIWHEEL	War	d / Bed	1:	1		
Sample ID	1	APH24010719	Curr	ent Ward / Bed	1:	1		
	1		Rece	eiving Date & Time	1:	22-03-2024 11:40		
	Т		Rep	orting Date & Time	1:	22-03-2024 17:23		

Sample Type: EDTA Whole Blood, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

HBA1C (Turbidimetric Immuno-inhibition)	Н	6.4	%	4.0 - 6.2

INTERPRETATION:

HbA1c %	Degree of Glucose Control					
>8% Action suggested due to high risk of developing long term complications like Retinop. Nephropathy, Cardiopathy and Neuropathy						
7.1 - 8.0	Fair Control					
<7.0	Good Control					

Note:

- 1.A three monthly monitoring is recommended in diabetics.
- 2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

** End of Report **

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